

FRATERNAL SOCIETIES

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2008

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"x14")	3	EO	xxx	3/1	NAIC	G, H(a), I, J, K(a), L
	1.1	Printed Investment Schedule detail (Pages E01-E25)	3	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	G, H(a), I, J, K(a), L
	3	Separate Accounts Annual Statement (8 1/2"x 14")	2	EO	xxx	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	11	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	M
	12	Investment Risk Interrogatories	2	EO		4/1	NAIC	
	13	Long Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	14	Management Discussion & Analysis	2	EO	xxx	4/1	Company/NAIC	K(a)
	15	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	16	Medicare Part D Coverage Supplement	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	M
	17	Reasonableness of Assumptions Certification		EO	xxx	5/15, 8/15, 11/15	Company	
	18	Reasonableness & Consistency of Assumptions Cert.		EO	xxx	5/15, 8/15, 11/15	Company	
	19	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method		EO	xxx	5/15, 8/15, 11/15	Company	
	20	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)		EO	xxx	5/15, 8/15, 11/15	Company	
	21	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)		EO	xxx	5/15, 8/15, 11/15	Company	
	22	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, K(a)
	23	Statement of Actuarial Opinion	2	EO	xxx	3/1	Company	G, K(a)
	24	Statement on non-guaranteed elements – Exhibit 5 Interr. #3	2	EO	xxx	3/1	Company	
	25	Statement on participating/non-participating policies – Exhibit 5, Interr. #1	2	EO		3/1		
	26	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	K(a)
	27	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	42	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	43	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	44	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	45	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	46	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
	47	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15 & 11/15		
	48	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	K(a), N(c)
	52	Audited Financial Statements	2	EO	xxx	6/1	Company	J, K(a)
	53	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	54	Independent CPA	xxx	N/A	N/A		Company	
	55	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	6/1	Company	K(a), R
	57	Request for Exemption to File	1	N/A	1	5/1	Company	J
		V. STATE REQUIRED FILINGS						N(b)
	101	Certificate of Compliance	xxx	0	1	3/1	State	H(b)
	102	Certificate of Deposit	xxx	0	1	3/1	State	H(b)
	103	Certificate of Valuation	1	0	1	3/1	State	H(b)
	104	Filings Checklist (with Column 1 completed)	xxx	1	xxx	3/1	State	
	105	State Filing Fees	xxx	0	xxx	7/1	State	O
	106	Signed Jurat	xxx	xxx	1	3/1, 5/15, 8/15, 11/15	NAIC	K(b), L
	107	Application for renewal of C of A	1	xxx	1	3/1	State	K
	108	Updated Biographical Affidavits	1	xxx	N/A	3/1	Company	Domestic Only
	109	Basket Clause	1	xxx	xxx	3/1	State	K(a), T

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.